Public Service Commission of South Carolina 101 Executive Center Dr., Suite 100 Columbia, SC 29210



RECEIVED

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CLERK'S OFFICE

2015.77 2/5 255195 Phone: 803-896-5100

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## Individual Complaint Form LERK

Print

Date:			CE	
Complainant or	Legal Representative Information:	* Required Fields		
Name *	David and Patricia Campbell			
Firm (if applicable)				
Mailing Address *	PO Box 107			***************************************
City, State Zip *	Ballentine SC	29002 Phone	* 803-781-8656	
E-mail *	dcampbell70@sc.rr.com	77213474		
Name of Utility	Involved in Complaint: * Carolina v	vater (I Itilities Inc)		
L	AT&T is the utility involved, please compl		e end of this form.	
	int (check appropriate box below.) *			
☐ Billing Error/A ☐ Disconnection ☐ Service Issue ☐ Other (be speci	of Service Payment Arrangemen  Meter Issue			sal to Connect Service Extension Issue
Have you contacte	ed the Office of Regulatory Staff (ORS)?	* Yes No Ons C		
	the Office of Regulatory Staff (ORS).	ORS Co	ontact: Brad Kirby and W	Villie Morgan
Concise Stateme	ent of Facts/Complaint: * (This section	must be completed. Attach add	litional information to this	nage if necessary )
Why would the P trying to figure ou	of increases. This is per their request SC approve such a request is beyond it why their bill suddenly increased \$18 several agents at Carolina Water and anyone."	us as it gives the company a 3.00 and no explanation. No	r did the company give a	ny when called by this
Relief Requested	l: * (This section must be completed. Atta	ch additional information to thi	s page if necessary.)	
	nd Utilities should be REQUIRED to no acrease, even if the reason is passing a		ncrease by LETTER whic	h explains clearly
ITS CONTENTS SUBJECT TO PU	UBLIC SERVICE COMMISSION OF S ON THE COMMISSION'S WEBSITE ( BLIC SCRUTINY OR FURTHER REI	(dms.psc.sc.gov), AND I UND LEASE. ⊠ Yes ☐ No		IS COMPLAINT AND RMATION MAY BE  Patricia (arxidua E SIGNED, DO NOT PRINT)
STATE OF SOUTH	,	VERIFICATION		
	shell/ Patricia Campbell		Fab 16 2015	Internal Hao Only
Comp	, and the second	have read my complaint filed o	Date *	Internal Use Only Processed By Date
and know the conte	ents thereof, and that said contents are true.	Complainant's Signature * (MUST	BE SIGNED DENNE PORTE	, H.E